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§19–712.6.

- (a) Whenever a subscriber or an enrollee of a health maintenance organization is a resident of a continuing care facility that is regulated under Title 10, Subtitle 4 of the Human Services Article and received health care services in an acute care health care facility, the resident's primary care physician shall refer, if medically appropriate, the resident to the skilled nursing unit at the resident's continuing care facility for the provision of health care services included in the resident's health maintenance organization Medicare contract if:
- (1) The primary care physician and the resident or the designated representative of the resident do not choose an alternative course of treatment;
- (2) The continuing care facility becomes a contracting provider in accordance with the health maintenance organization's standard terms and conditions for its participating providers and meets the credentialing criteria for becoming a participating provider;
- (3) The continuing care facility meets all the guidelines established by the Division of Licensing and Certification of the Department, including Medicare certification; and
- (4) The continuing care facility's skilled nursing unit is certified as a Medicare skilled nursing facility.
- (b) (1) The continuing care facility is not obligated to accept for the provision of health care services anyone other than a resident of the continuing care facility.
- (2) The health maintenance organization and the continuing care facility are not obligated to advertise in any manner that the continuing care facility is a participating provider with respect to coverage offered by the health maintenance organization for Medicare benefits or other treatment in the skilled nursing unit for anyone other than residents of the continuing care facility.

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